

Data Exchange Focus Group Kickoff Webinar

April 7, 2011
1:00 pm CT

Coordinator: I would like to remind all participants this conference is being recorded. If you have any objections you may disconnect at this time.

I would now like to turn the conference over to Ben Erickson. You may begin.

Ben Erickson: **[Title Slide]** Thank you very much. Good afternoon or good morning, everybody, thank you all for joining the call today. I want to start off by saying I appreciate you all taking the time to attend this conference call to talk about the Data Exchange Focus Group.

A couple of administrative things are, if you do not mind, please put your phones on mute, so we do not get any interference from other calls so that everybody can hear what is going on. At the end of the presentation we will open it up for anybody that has any questions and we will have an interactive session after that.

MacArthur Louis: Was there a presentation as well? I can not log into the Web Meeting.

Ben Erickson: We will have this recorded and will send out a message to everybody letting them know where you can download it, so you can get a copy of the slides.

MacArthur Louis: Awesome. Thank you very much.

Ben Erickson: [Slide 2] You are welcome. Right now what we are going to do is present the purpose of this effort, what kind of goals are we looking for to get out of this, and how are we going to put this all together and what are we going to be looking for.

I am going to give you a little behind the scenes of how we got to where we are today, and then give you a general overview of why we need this data exchange progress. Then, we are going to talk about the datasets that currently are being used to collect inventory for reporting purposes and for visibility.

Then we will talk a little bit about the deployment and the transport of the messaging format of how to send these aggregate counts, as far as inventories or any other information out. Following that, we are going to discuss the focus group organization and put together a timeline and frequency of meetings, and go on from there. Lastly, we will open it up for discussion for anybody that has any questions.

[Slide 3] This Inventory Management System was basically brought up from H1N1 where we realized that H1N1 was somewhat of a unique situation for being able to track and manage inventory. Because we were not able to understand or know where all your local resources are and how much inventory is at the local level, we decided that we wanted to come up with a better system that provided the capability of all levels of public health to track and manage inventory of both medical and non-medical countermeasures during your day-to-day use as well, obviously, as during an emergency response event.

[Slide 4] Based off of that mission, we realized that there are some key components within that we wanted to be able to focus on, and the first one is creating a line of site for inventory or what is available on hand at all levels,

whether it is the state level, a regional distribution center, or RSS, or at the local or POD level dispensing site.

We also wanted to focus on the ability to identify those point of delivery facilities where the product, whether either at the regional or the state level, is being shipped to. That could be hospitals, health departments, correctional facilities, private physicians, et cetera. The final thing is we wanted to be able to determine how much of the product has been used or dispensed at that point of delivery, which will allow us to be able to extend that line of site.

[Slide 5] For the purpose, we as CDC wanted to be able to collaborate with the users of the system, project area partners, and the inventory management subject matter experts. We want to be able to develop a uniform message interface to exchange inventory data between systems.

As you all may be aware, we are obviously developing an inventory system, but we also want to be able to integrate with the systems that you already have in place so that it is streamlined and less burdening to the people who actually have to pull the data.

One of the big things that we want to get out of this meeting is an understanding of your manual processes - if you or anybody in your team has to manually call local or regional areas to collect data information, and aggregately put that together - or automated process.

If you have an inventory system that is already in place that reaches down to local levels, what systems or procedures do you have in place to be able to push a button and be able to view that aggregately? What we want to do is see how you all are able to reach down to that local level and pull information up to get a big picture from the local all the way up to the state.

Then, obviously we want to take advantage of what is already built because we do not want to build something if something is already working. Obviously, one of the biggest things is we want to be able to decrease the turnaround time for information requests to receipt.

What that means is when we put out a data call, like we did with H1N1, we do not technically have the time to be able to wait weeks and weeks. But, we also have to ride that fine line and understand that you all have a lot more on your plate as it is, and while being able to answer our data calls is very important, obviously there are other missions that you all are probably taking care of.

For you all, data exchange basically will eliminate or greatly reduce the manual reporting process and let it run itself. You will be able to view the inventory before it gets sent to us at CDC, for visibility and accuracy purposes, but without the manual process of where you have to reach out yourself.

[Slide 6] Now I am going to hand it over to Sarah, who is going to talk to you more about the goals and agenda for this presentation.

Sarah Waite: Hi, everybody. My name is Sarah Waite and I am with the Inventory Management Development Team. I do communications and outreach, so you might be hearing from me later on.

To talk about the goals of the Data Exchange Focus Group, our team is currently building upon the core system capabilities, which are already in development for the Inventory Management System. We are hoping that this Data Exchange Focus Group will enable us to learn more and target the

exchange of inventory data from your existing system already in place and getting that information into the new IM System.

As Ben mentioned, everybody is still thinking about the H1N1 event and many of you had to report up information via the Countermeasure Situation Report, so that would be one type of information that you would report up.

[**Slide 7**] Our approach is to gain an understanding of what commercial off-the-shelf products and custom products are currently being used out in the project areas for the inventory management, for your inventory management systems and data extraction capabilities.

What we are going to try and learn are those data fields being captured, and then we want to be able to map those to the fields in the IM System. We want to come up with a single standard method for identifying products and we want to understand the process for the actual exchange of data.

One of the messaging systems that we will talk about a little bit later in the presentation is the Public Health Information Network Messaging System, otherwise known as PHINMS, or other available and approved messaging systems.

[**Slide 8**] To give you a little recap of our progress with the Inventory Management System and building it, we started a year ago with Phase 1, which kicked off in April. We worked with members of state and local public health, SNS, and the Public Health Informatics Institute. We did key informant interviews. We identified high level business processes.

There were two in-person workgroups, one was in Atlanta and one was in Chicago; those were both last summer. We also had a presentation at the SNS

Summit, if you happened to be there. We did a demonstration of the Countermeasure and Response Administration System, and had roundtable discussions.

Phase 2 began - we began hosting bi-weekly technical requirements webinars, and those started in September and they just ended last month, where we integrated the state and local workgroup members into the agile development process. We went over requirements reviews, screen mockups, reviewed business rules, and we also had periodic demonstrations of the IM System.

Now, I am going to turn the presentation over to Susan.

Susan Hughes: **[Slide 9]** Hi. I am Susan Hughes and I am also a member of the IM development team and I am going to walk you through the next few slides and talk a little bit about what data we are hoping to gain through this data exchange.

As we already discussed, the need for data exchange is just really to improve your visibility of assets on a day-to-day business, and during a public health event down to the POD level. But, along with your day-to-day inventory reporting, this is also going to include your countermeasure situation report data that you will be providing during a public health event.

[Slide 10] Next, we are going to display a table that depicts the data that we aim to collect electronically. As you can see under the Inventory Location, we plan on collecting at all levels just in that move towards total asset visibility day-to-day and especially during a public health event.

We will be collecting at state, regional, and local levels. That is why it is important for us to really gain an understanding of not just the COTS products

being used out there, but the manual processes currently being used. We need to have a good handle on all that in order to be able to make this data exchange effective.

Now, along with the inventory location, the facility name, we are going to be collecting the product description. Now, this is going to be getting down to a unique naming convention or a method that we can map naming conventions being used, and the COTS products with what we will be using in our IM System.

Along with that product description, we will of course be capturing the manufacturer, the stock number, the size for the product, NDC, lot, and the expiration date, as well as the unit of issue and your current quantities on hand. Now, this is just our initial dataset. Of course we will expand on this, so this is just inventory and no dispensing information at this point.

Once again, we want to stress that with this product description we really need to gain a method that we can all agree upon of uniquely identifying these products so we can have that one-to-one matching, and then therefore aggregate the counts up to the state levels and higher. Now, as Sarah said, we have already been developing this IM System of which this data exchange will be a part of it.

[Slide 11] Now we are going to move on to the deployment and transport of the IM Systems currently being developed, and the IM System will be deployed centrally at CDC. However, states and localities will have an option of deploying it locally, so there is going to be a big push on how we are actually going to handle this data exchange from those states and local levels.

Now, the transport is the method we are most likely going to use to actually get this data is PHINMS, as Sarah spoke about earlier. PHINMS is a secure point-to-point file transfer tool that is currently used at many of the project areas. It is also free software available from the CDC for those of you who are not currently using it, and is in use for the LRN and the med systems that are out there at project areas.

Now, the messaging format we will come up with will be either a text delimited or an XML file, or any other format we will agree upon during these data exchange discussions.

[Slide 12] As far as the organization of this focus group, we will be meeting on regular basis, most likely bi-weekly. Prior to each meeting, Sarah will be sending out to the members the topic of the meeting, any agenda, if there is one provided, and any materials you might need to review ahead of time. We try and provide the materials ahead of time to give you time to get your thoughts together just to make the meetings more productive.

Each webinar will probably last about an hour, but we will try and remain flexible just so we do not have to cut off any discussions. Of course, at the end of each meeting there will be an open discussion for everyone to give their input and comments or concerns.

[Slide 13] One of the last slides gives you contact information of the people that you have heard speak about the slides, and other people in charge of this CTS project. Ben, Sarah, and I are all listed on there if you do have any questions that come up after the meeting ends.

[Slide 14] Now that you have heard each of us give a brief description of the slides, we would like to open up the line for a discussion.

Ben Erickson: At this time I want to open it up to see if you all have any questions. Again the purpose of this meeting was to set the groundwork to explain to everybody what we are looking for and set up information sharing so that everybody knows kind of where we are going to go going forward.

I would like to open it up to you all and see if anybody out there has any questions that they want to ask us.

Charles Berning: Hi, this is Chuck Berning from Indiana.

Ben Erickson: Hey, Chuck.

Charles Berning: We have not participated in any previous discussions for various reasons. I am not sure I was really aware some of these were going on. We have a significant PHINMS operation already in place for a number of different locations. Are you asking for us to be able to map our inventory structures to whatever structure you are doing, create a file, wrap it around PHINMS, and ship it to you?

Guy Faler: Yes, hi, Chuck, this is Guy Faler. That is a pretty good description. We want to work with you all to figure out exactly what data we are going to be transferring and the formats and things like that, but that is essentially correct.

We are hoping that you will be able to extract the data out of your system and format it in a common way with a standard format that everybody will be using, and send it to us via PHINMS.

Charles Berning: What frequency or is this real time constant?

Guy Faler: I think that has also not been determined yet.

Ben Erickson: Are you asking for the reporting frequency?

Charles Berning: Yes.

Ben Erickson: Usually we initially set up a guideline. During H1N1 I think it was every day unfortunately, and that was extremely grueling on my side, as I am sure it was on everybody else's side. Obviously the frequency for reporting is going to depend, on the event. Typically, us being CDC or the Stockpile, we do not necessarily want to know reporting for what you have unless it is a major event.

Again, we only can go by the last thing that we went through, like H1N1. All the H1N1-related countermeasures, like the Tamiflu, Relenza, et cetera, was that we needed to be able to collect and to send to people up at Washington, to give visibility on what is available and where everything is at.

We are using that framework to be able to set something up for the future if there is some form of event like that - whether it is a push or manage inventory that we control - there would be that reporting frequency be set up depending on the event, which may be once a week or once a month. It depends, on the scenario.

This is not a real time-type thing where we always need to know stuff. It is obviously related towards a particular event, and then we will work through the channels to find out what the best reporting frequency is, based off of what we hear from the people up at Washington and others.

Charles Berning: This is my last question, and then I promise I will stop, but...

Ben Erickson: No, bring the questions. That is what this is here for.

Charles Berning: ...basically what you are looking for is to setup some sort of group where we can help you put together the messaging guide, and we would then take that and develop our own internal procedures to support it?

Ben Erickson: Yes, basically the plan is to find out what you all currently have in place so that we can work to create that common platform to be able to send that information.

Based off of what you said in your other comments, you all have a pretty extensive system and procedures in place, so it is just a matter of, as you said, working with the unique systems that are out there to be able to collect the data that we need so that when an event happens I do not have to bother the project area consultants or you all, as the SNS coordinators.

Robert Paone: Hi, this is Bob Paone in Massachusetts.

Ben Erickson: Hey, Bob. How are you doing?

Robert Paone: Well, and again, we have not participated in the previous groups either, but one of the questions that I had is when we were doing the H1N1 countermeasure reporting that was done weekly, and it is like we may be looking at something on that order. I was also wondering, do you foresee this system also functioning to allow us to order, or is this just purely so you can get a snapshot of what we actually have on hand?

Ben Erickson: That is a great question. I am glad you brought that up. The setting behind this was that this was not a tool for CDC to use. The intent of this project is to

be able to develop something to give to the states and localities for them to be able to manage the inventory at their warehouse, whether it applies to the state, regional, or local level.

Within that we have embedded processes that are in place for us to be able to collect the information when it does come up. Then just like you said, thank you for helping me out, but that was a weekly reporting during the H1N1, so that we do not have to bother the coordinators to say, "What do you all have," and throw you for a loop when this is the first you have heard of being able to monitor and know what you have at each of the levels all the way down to the local level.

The purpose of this tool is to be able to deliver it and give it to the states and localities at no cost for you to be able to manage your just to day-to-day inventory. Mostly, it will apply to anybody that needs an infrastructure that meets the guidelines, as far as what we need to be able to monitor, and then let you all roll with it.

Robert Paone: Great. Thank you.

Ben Erickson: No problem.

Matt: This is Matt from New York City. I am just curious about what the names are of the partners on the CDC side, in terms of how software companies providing software and the integrators overseeing those software companies.

Ben Erickson: Actually, everything is being built in-house within the CDC organization.

Matt: Oh, it is a custom - okay.

Ben Erickson: Right. Just to give some more clarification regarding the workgroup - I think it was back in April last year- we put a request out through the Listserv asking people who would like to be able to help put a framework together on this inventory system. Based off of that, another group we were working with, which was the Public Health Informatics Institute, put a group together to be able to get those business processes.

We wanted to make sure that all the state and localities were in the loop of where we are at and how this is developed by putting out that Inventory Management Newsletter that we send out through the Listserv. That basically tells you where we are at in the process and how we were evolving over time.

Based off of that, we were able to put together a framework and, like we said in the presentation, the business processes of inventory. For the most part, it is pretty standard from activation, to receiving, store, ship, pick and deactivation. Based from that, we were able to extract key things that we wanted to have in the system, and we actually let the workgroup design and develop the look of how this is.

This is not another system that we put together that we built in a silo and said, "Hope it fits." This is something that is been put together with the state and local input from that specific workgroup in mind.

Matt: Yes, thank you.

Tim: Hi, this is Tim from Virginia.

Ben Erickson: Hi, Tim.

Tim: Hey. My question is when you are looking at the actual kind of a standardized XML structure for the actual exchange, do you have plans to look at any existing open standards that are already out there that might help? There may already be a standard in place that might help with the actual exchange.

Guy Faler: Yes, this is Guy. We are certainly open to looking at existing standards. If there is something out there, especially if many of your systems already can produce or that you have already coded to, then certainly we would like to know about it. We are keeping our options open, so please let us know if you would like to nominate something.

Tim: All right. What I will just mention on the phone now is OASIS is an open standard development international organization. They have a suite of standards called EDXL and one of those is a resource messaging suite of standards, and I think they would be worth looking at.

Guy Faler: Did you say EDXL?

Tim: Yes, EDXL, it stands for the Emergency Data Exchange Language.

Guy Faler: Okay, great suggestion. Thank you.

Tim: You are welcome.

Charles Berning: This is Chuck from Indiana again. I do not know if this is applicable or not, but we have spent a lot of time working with the CDC in their HAN area in developing cross-border alerting, and that is basically a PHINMS structure. It is EDXL-based and is already in place and operational, and there might be some advantages to talking to some of the people from them, in terms of

establishing a platform and protocols that might already be in place that you could potentially modify and use.

Ben Erickson: Outstanding, thank you for that input. This is the type of stuff that obviously we were trying to reach out to everybody, like you all, to be able to put together. When we get more involved if you know of something and hear of something that we would like to investigate, by all means let us know and we will do what we can do. Within the structure of limitations that we have within CDC we will obviously work to the best that we can to make sure it works for everybody.

Charles Berning: You can probably talk to Robb Chapman about that.

Ben Erickson: Oh, yes.

Charles Berning: That is already in place and you have got states buying into it and the protocol for being able to transfer data is intact and is operational, and that might save you some development time.

Ben Erickson: Outstanding. Thank you very much for that. We will be following-up with that for sure.

Anybody else out there have any questions?

MacArthur Louis: Yes, this is MacArthur Louis from New York State Department of Health. In the conversation earlier, I heard something similar to a data layout. I heard production description, size and NDC, lots, unit issues, manufacturer. There are two more that I did not get a chance to write them down.

It is in the presentation right?

Ben Erickson: Yes, it is in there.

Let me see if I can tell you now: project description, manufacturer, catalogue or stock number or size, the NDC code, lot number, expiration date, unit of issue, and the quantity on hand.

MacArthur Louis: Quantity on hand. Okay, great. Thank you.

Ben Erickson: You are welcome. When we have a location to put this up we will send a message out to everybody to let them know if they happen - if you are unable to see it.

MacArthur Louis: Okay.

Edward Ballard: This is Ward Ballard from Idaho. Is this communication port going to start as an equivalent of replacing the pipe files shipped with a Push package?

Ben Erickson: Thank you for that question. You are definitely helping me answer some outstanding questions that are very important. No, this is not designed to replace anything that we do within the stockpile. The procedures that we have in place are still the same. The plan is to be able to work with that actual pipe file that we send with the Push package or what products we send out to be able to go into it, just like you would with any system.

We are using that as another template to be able to import, just like you would with any products on importing. However, we are not going to change anything when it comes to logistical pipe file preparation and delivery.

Paul Petersen: Hey, Ben, this is Paul Petersen.

Ben Erickson: Hey, Paul. How are you doing?

Paul Petersen: I am doing well. Is the intent then that in an event we would be having bidirectional communication with this PHINMS or whatever messaging standard we end up adopting? Would you send us inventory that way and we would pre-populate our system with the stock items that we may receive?

Ben Erickson: For right now, we are not going to send the pipe file through PHINMS to that. We are still keeping, again, the same procedures that we have. If I remember correctly, and it has been a little while since we have actually done it, that pipe file will be sent to - I am assuming - you or somebody at that state level through one of our consultants.

Then, you all are at the project area level will be able to import it into your system, "your system" being very generically said. It is not going to be a two-way in that sense, it actually will be just a one-way communication for you to be able to send aggregate data, like we did during H1N1, to us so that we can get aggregate counts of inventory, and only that.

The procedures that we have in place to transport that pipe file during an actual event will still remain the same. There will be no change, our team still will talk to you all individually, and whatever the procedures are for that will remain the same.

Paul Petersen: Okay. Thanks.

Ben Erickson: That is for right now. Down the road we may revisit that, but we do not want to mess with anything that is obviously set in our program. This is just a tool

that we are giving the project areas and localities to be able to manage and be able to import quantity contents from whatever source.

Paul Petersen: Yes, I understand there is some risk associated with taking inventory into a system without actually physically taking receipt of it. I would have thought that might have come up in the discussions previously that we were not a part of, but we can talk about it further later on.

Ben Erickson: Yes, absolutely. I am talking with him to try to get something put together so we all can talk again.

Paul Petersen: Sounds great.

Ben Erickson: All right. Anybody else have any questions out there?

Matt: I have got one more; this is Matt from New York State.

Ben Erickson: Yes, sir.

Matt: Are you saying PHINMS is going to be one where you are the consumer, you just pull the data, and we will be your provider?

Ben Erickson: Can you repeat that question again, I am sorry.

Matt: Sure. PHINMS, the setup you all have, is it one way? You are the consumer, we are the provider?

Guy Faler: Yes.

Matt: Will you all do a certificate so that we can do the data exchange?

Guy Faler: Well, PHINMS is going to require a certificate, so you will have to get a certificate for your instance of PHINMS. But you probably have PHINMS setup in your state and running already so it is possible that you could reuse that.

Matt: Okay. All right, that is where I was headed with this, would there be a different site where we have to do test data before we go production?

Guy Faler: Yes, there are various ways to test and we can talk about that, but for production, you could set up another instance or you could leverage one that you probably already have running in your state.

Matt: Okay.

Ben Erickson: Anybody else? All right, just one more thing I would like to mention, for those of you who can not see it, if you do not mind sending an email to CRAHelp@cdc.gov and let us know the people that you are engaging to be a part of this workgroup, so that we will actually have a list of people and email address.

If there is another presentation that you are unable to attend, we will be able to send a message out and have everybody's contact information. Again, if you do not mind sending your email to CRAHelp@cdc.gov that would help us out a great deal.

If nobody else has any questions, thank you again for being able to join this call.

Edward Ballard: Hi, I have one question.

Ben Erickson: Yes.

Edward Ballard: This is Ward from Idaho again. At least a part of your data layout has one thing that we run into a problem with and that is different packaging for what are under the same NDCs, and there is no way to indicate it on that data layout.

Ben Erickson: It has the same NDC but different packaging?

Edward Ballard: Yes, being your major headache.

Ben Erickson: I am sure that is one of many, I am sure.

Edward Ballard: Yes, at least a dozen we have identified over four years.

MacArthur Louis: But, wouldn't the lot make a difference at that point?

Edward Ballard: No.

Ben Erickson: If any of you have identified issues like that, send it to CRAHelp@cdc.gov. That is the type of, information that we obviously want to learn from what people have gone through. We want to take the easy road and learn from what everybody has went through basically to make sure that we can get a system that works extremely well.

If you do not mind and you can share that, we would love to be able to see these issues or these things that can cause red flags for integration and besides the typical naming schematics for being able to identify Tamiflu versus

oseltamivir, different things like that, just send them to CRAHelp@cdc.gov and that will help us out a great deal.

Edward Ballard: Okay. Thank you.

A.J. Lorenzen: Hi, this is A.J. Lorenzen from Alaska. I have some input on that very subject as well.

First of all my background, I am a pharmacist. We deal with that issue all the time within our pharmacy systems, so a couple things. Instead of having one drug name, if you listed the trade name, for example, if we do Amoxicillin it would be like Trimox, and then the generic name, Amoxicillin. You could do a sort and by doing the sort on the generic field name, all of the associated NDC numbers would pull up together.

All right, the other option that we use quite often in this field is nationally there are therapeutic codes assigned, so for example if we wanted to look at all of the Penicillins you could add a data field for therapeutic category, which are already nationally set. If you wanted to look at all of the antivirals in stock, all you would have to do is search by that one therapeutic category. Just some miscellaneous input of how other people are dealing with it.

One last point about the NDC code, and maybe everybody is aware of it, but there are three groupings, and they are all separated by dashes. The first grouping is the manufacturer, so that identifies the manufacturer. The second group, which is a four-digit number, actually identifies the product within that manufacturer, and the last two digits are package sizing.

If you have an NDC number you already have the manufacturer, you already have the product, and you already have the package size. I do not know if that

helps or benefits anyone, but we run into those issues pretty commonly in other software systems.

Ben Erickson: Thank you very much for that information. Are working with our consultant up in Alaska?

A.J. Lorenzen: Yes.

Ben Erickson: Okay. If you do not mind, I will touch base with him to see if we can get linked up again so I can talk to you a little bit more about that, because I have a feeling that that is going to be brought up quite a bit.

A.J. Lorenzen: Yes. No problem. That would be John Duffy.

Ben Erickson: Yes, sir.

A.J. Lorenzen: Yes. Yes.

Ben Erickson: Outstanding. Thank you for that information. That is going to be a great help. Anybody else? Last call.

MacArthur Louis: Will we have access to the email address for all those who participated, because this would be very helpful to us too, as we are running into the same problem up in New York State as well with the NDC code. Last year we had to do NDC code to CPT mapping. If somebody already has that done, can you kindly share it with me, please?

Ben Erickson: Yes, what we will do is we will get a group together. Who is this again?

MacArthur Louis: This is MacArthur Louis from the New York State Department of Health.

Ben Erickson: Okay. Let me talk to you offline later today. I have a couple things that may help you out in that sense.

MacArthur Louis: Okay. Thank you.

Ben Erickson: All right, everybody, thank you again for being able to join the call and we will send out a message the next time we plan on meeting with the call information and the slides so that if anybody is unable to attend they will be able to walk through it with us. Again, if you have any comments or questions, go to CRAHelp@cdc.gov, and then we will be able to put it together or answer your call.

Thank you very much everybody. Have a good day.

END